

which prevailed this year in Dublin, and particularly amongst the middle ranks; I mean gastric fever. I hold that it is essential it should be distinguished from typhoid fever, with which it has the nearest connection; were it for no other reason than that its treatment is very different. Several cases of it have been already detailed; but, except to notice it as a special type of fever, I am not about to speak of it further here. It was, I believe, to this type of fever that the cases given, which might fairly be called anomalous, are chiefly to be referred."

14. *Treatment of Typhoid Type of Fever.*—Dr. H. KENNEDY, of Dublin, expresses the opinion (*Dublin Quarterly Journ. Med. Science*, August, 1862) that the treatment adopted by some is not of the specific kind which this affection appears to him to require. "We know," he says, "that of late years anything of what would be called active treatment has been most materially modified, if not quite given up. Thus in Bartlett's work, which appeared in 1847, the measures recommended included the regular antiphlogistic treatment; whilst five years later Flint speaks of much milder measures being adopted. The late Dr. Todd, of London, we know, strenuously recommended the stimulant plan; which, it must be allowed, he carried as far as any discretion would justify; and in a published lecture of the present year, Dr. Warde, of the Dreadnought Hospital, London, has advocated the leaving the disease very much to itself. Now I mention these plans, not to criticise them; but to state that each, in its turn, will be found useful; and that no physician who has fever to treat on the large scale, will bind himself to one or the other. Every single instance must be treated by itself, and symptoms must be met as they rise. If this be done, I believe the typhoid type to be the most amenable of the many forms of fevers, provided it be seen in an early stage of the disease. Speaking of it as I have generally seen it, I would say it is not a fever to be left to itself; and several of the cases which have been detailed prove this; for there was no amendment till treatment was put in force: on the contrary, some of them were going from bad to worse. When then the case calls for it, and this is to be learned from the local, as well as the general symptoms, I never hesitate to have leeches applied over the right iliac region, followed by a poultice; taking care the bites do not bleed too long. A more common plan, however, is the application of a blister to the same part: nor can I doubt the great value of such means, and believe it is not as generally used as it might be. The blister may be repeated with the best results; nor should we ever forget that the local disease with which we have to contend is very apt to be slow in yielding; that a relapse may readily occur, and when this happens the disease is rendered very much more grave than it was. Our object, in truth, is to prevent ulceration; for if this once occur the chances of recovery are materially lessened. I state this because a recent writer speaks of the disease as if ulceration must necessarily take place. I believe this is an erroneous way of considering the matter; and that we can, by treatment, anticipate, and so prevent it. '*Obsta principiis*' is all important here, and a principle never to be forgotten.

"Of the internal treatment I have had no occasion to change from what was spoken of in the former paper. As an astringent I find the dilute sulphuric acid, in the proportion of one to three drachms to the eight ounce mixture, by much the best remedy. No other of the class of astringents seems to me to act at all so satisfactorily; and it can be modified, with the greatest nicety, to the demands of each particular case. I have often seen medicines, such as chalk, gallic acid, lead and opium, unavailingly used; and then from the moment this acid was given the patient began to amend. But it is not to be used without discretion; for it may check the diarrhoea too suddenly, and the chest or brain may so become engaged: hence, it is best to begin with a moderate dose, and increase if the necessity arise. The rule is that the diarrhoea is to be gradually lessened; not suddenly stopped. In mild cases I find the acid infusion of roses a very suitable medicine; and, when there is pain, from two to six drops of laudanum, in each dose of the mixture, commonly answers well. The sulphuric acid, I need scarcely add, is the favourite remedy with Huss. When there are

signs of irritation in the colon, and more especially when there is tenesmus, an anodyne enema acts like a charm.

"Dr. Warde, to whom I have before alluded, speaks of salines as being suited to the treatment of fever of the typhoid type. Such may answer in London; but with us in Dublin they would be positively injurious. Their effects on the healthy frame are quite too powerful to suppose that they would not act equally so on the frame weakened by a disease like fever; of which the best treatment now avowedly is, what may be called, conservative. To the class of salines I would add the carbonate of ammonia, which I believe to be too indiscriminately used; and which, in my own experience, does not suit the type of fever of which I am speaking. I have known a very few doses of it bring on diarrhœa; not only in this fever, but in many other diseases; and, if my memory serve me right, I have seen a similar remark made by Sir Benjamin Brodie; and would hence hold out a warning against the use of either salines or alkalies in all diseases of a lowering type.

"There is a class of cases of the typhoid fever in which, without any interference, the diarrhœa suddenly ceases; whilst the chest, or it may be the brain, gets as suddenly involved. All such I have found turn out most critical, and I have latterly been in the habit of keeping up, for some days, a discharge from a small blister, usually put on the chest. In this way I think I have seen very beneficial results follow. It seemed as if the poison were, in part at least, got rid of by the system; and all went smoothly afterwards. The point, I believe, is worth bearing in mind, and so is mentioned.

"In the last place I would notice a point which was also spoken of on a former occasion. Are stimulants, as a class, used too indiscriminately? I think they are. It seems a very general impression that if they are to be used, it matters little of what kind they are: hence, brandy, wine, and beef tea, are constantly spoken of as being given to the same patient. Now I do not deny that all may be required at the same time. But I do say that in numerous instances judgment is to be exercised; for most assuredly the effects are not the same; and when their different composition is considered this need not excite wonder. Thus, if we compare wine and beef tea, the former, contrary to what might at first be thought, may be given with much less risk than the latter; and I am sure I have seen cases where secondary inflammations—in the chest amongst other parts—have been lighted up by want of attention to the very point of which I speak. Though much more might be said on this subject, enough has been advanced for my present purpose.

"In conclusion, I would observe, that the class of mixed cases, as they may be well called, require even more than the ordinary amount of attention. The fever becomes so heavy in many of them that the abdominal symptoms are very apt to be masked, and so may readily be overlooked. In such cases, too, it may be requisite to direct our treatment at one time to the chest, or again, to the brain; and, in some of the cases given, a combined treatment had to be adopted."

15. *Epidemic of Typhus in Iceland*.—Dr. JOHN HJALTELIN gives (*Ed. Med. Journ.*, Sept. 1862) a very interesting account of a dreadful epidemic of typhus, which began in the northern part of the island of Iceland during the winter of 1857–58, and was thence apparently communicated by contagion to the eastern, western, and southern districts of the country. During the winter of 1857, about ninety cases of this fever came under Dr. H.'s observation, and it presented sometimes the character of exanthematous typhus, and sometimes of typhoid or "typhus abdominalis;" but although the sickness abated in the following summer, it again appeared in the autumn of 1858, and raged during the whole winter of 1859, and did not even cease in the summer months of that year, but continued its ravages through all the seasons of 1859 and 1860. In those two years no less than 900 cases came under Dr. H.'s treatment, out of a population of about 10,000 inhabitants, although of this number there were many patients that he had no time to register. When the fever broke out in a farm or cottage, it generally attacked one person after the other, until most of the inmates of the house were infected; and it very often happened that strangers